STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155524	A. BUILDING 00 B. WING	10/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH CENTER AT GLENBURN HOME	618 W GLENBURN ROAD LINTON, IN 47441

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F000000	This visit was for the Investigation of Complaint IN00158269. Complaint IN00158269 - Substantiated. No deficiencies related to the allegation(s) are cited. Unrelated deficiency is cited. Survey date: October 23, 2014 Facility number: 000230 Provider number: 155524 AIM number: 100275000 Survey team: Susan Worsham, RN-TC Cheryl Mabry, RN Census bed type: SNF: 8 SNF/NF: 124 Total: 132 Census payor type: Medicare: 17 Medicaid: 90 Other: 25 Total: 132 Sample: 04	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on October 24, 2014; by Kimberly Perigo, RN.			
F000164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage			

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	methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.			
	Based on observation, interview, and record review, the facility failed to ensure personal privacy while providing personal care for a resident in that the privacy curtains were not closed, the resident room door was not closed, and the window curtains to the outside courtyard were not closed for 1 of 1 randomly observed resident receiving personal care. (Resident #A) (CNA #1, CNA #2, QMA #1) Findings include: On 10/23/14 at 3:45 p.m., CNA #1 and QMA# 1 were observed to enter Resident #A's room to answer the call light. They were observed to not knock on the door before entering Resident #A' s room. CNA #1 and QMA #1 walked over to Resident #A's bed. At that time CNA #2 was observed to enter the room, walk over to the bedside, and adjust Resident #A's oxygen. CNA #2 was observed to not knock on the door before entering. CNA #1 walked over by the window and along with QMA #1 pull the covers off Resident #A. Resident #A was naked and exposed from the waist down. The	F000164	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request the plan of correction be considered our allegation of compliance effective November 14, 2014 to the state findings of the complaint survey conducted on October 23, 2014. The corrective action taken for those residents found to be affected by the deficient practice is that the resident identified as resident A is no longer a resident of this facility. *The corrective action taken for the other residents having the potential to be affected by the same deficient practice is that* all residents have the potential to be affected by this deficient practice. The facility has reviewed and revised the Privacy Policy. All residents are now provided privacy during personal care. A Teachable Moment counseling has been given to the staff members identified as CNA #1, CNA# 2 and QMA #1. The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur is that a	11/14/2014

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	blinds and the curtains to the courtyard were left open and QMA #1 began to reposition Resident #A on his back. With Resident #A exposed, two staff in the courtyard were observed to walk by the outside window carrying oxygen tanks. At that time CNA #2 walked over and closed the window curtain. The door and the privacy curtains were still open. Resident #A's roommate was observed, at that time, to get out of his bed and walk with his walker to the bathroom. On 10/23/14 at 4:30 p.m., observation of the courtyard with the Director of Nursing and the Administrator indicated if you walk on the sidewalk in the courtyard you can see into resident's rooms when the curtains were open. When asked if residents can be seen inside their room from this courtyard if the curtains were left open the Administrator indicated, "Yes, but I would think the curtains would be closed when care being given. That is commonsense. Did that happen while you were here?" On 10/23/14 at 4:51 p.m., interview with CNA #2 indicated when asked what is the protocol for entering a residents room		mandatory in-service has been provided for all staff on the revised facility policy as it relates to residents right to privacy during personal care. *The corrective action taken to monitor to assure performance to assure compliance through quality assurance is* a Quality Assurance tool has been developed and implemented to ensure that the residents are being provided privacy during care. This tool will be completed by the Directorof Nursing and/or her designee daily rotating shifts for two weeks, weekly rotating shifts for four weeks, then monthly rotating shifts for three months and then quarterly rotating shifts for three quarters. The outcome of this audit will be reviewed at the facility's Quality Assurance meeting to determine if additional action is warranted.	

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	and providing care. "Wash your hands. Ask the resident politely what they need." When asked was there anything else needing to be done before entering the room, CNA #2 indicated, "Oh knock. I usually say knock, knock." When asked if she had done that, CNA #2 indicated, "No." On 10/23/14 at 5:00 p.m., interview with QMA #1 indicated, when asked what the protocol is before entering a resident's room and providing personal care, "Knock on the door, see what the resident needs, tell them who you are, shut the blind, and do activity of daily living." When asked was that done, QMA #1 indicated, "I can't remember. I don't believe I did." When asked if she closed the door, QMA #1 indicated, "I think I forgot to close the blinds to the outside." When asked if privacy was provided for (Name of Resident #A), "I think he was kind of exposed. When asked if Resident #A's roommate could see him when he walked to the bathroom. QMA #1 indicated, "He possibly could have." On 10/23/14 at 5:15 p.m., interview with CNA #1 indicated, when asked what is the protocol for entering a resident's room			

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	and provide personal care, "Knock on the door, announce who you are and ask them what they need. Make sure the blinds are pulled, privacy curtain pulled before giving care." When asked was that done, CNA #1 indicated, "No, I don't think I did." When asked if she provided privacy for Resident #A, CNA #1 indicated, "No, I thought [Name of CNA #2] had done it." On 10/23/14 at 5:25 p.m., the Director of Nursing provided the policy titled "Privacy" revision date October 23, 2014, and indicated that was the policy currently used by the facility. The policy indicated, "...Assure residents have privacy during care. ... 1. Staff members will knock on the door before entering. 2. Staff members will pull privacy curtains shut while providing care. Window blinds and or curtains in rooms will be shut during personal care." 3.1-3(p)(4)			